



MARYLAND  
Department of Health

Larry Hogan, Governor — Boyd K. Rutherford, Lt. Governor — Robert R. Neall, Secretary

**Behavioral Health Administration Firearm Restoration Unit**

55 Wade Avenue – Hill Building - Catonsville Maryland 21228

*Barbara J. Bazron, Ph.D., Deputy Secretary Behavioral Health / Executive Director*

**REQUEST FOR HEARING**

I, \_\_\_\_\_ request a hearing under Public Safety § 5-133.3(g)(1) to  
*(Name of Applicant)*

appeal the Department’s decision to continue my disqualification to own and/or possess a firearm. I understand that I may be required to testify at the hearing and to provide evidence to support my request to own and/or possess a firearm.

\_\_\_\_\_  
Applicant’s Name Printed

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Current Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Please submit this form to:

**Firearm Restoration Unit  
Behavioral Health Administration  
Maryland Department of Health  
55 Wade Avenue Hill Building  
Catonsville MD 21228  
410 402-8701  
Fax 410 402-8731**

MDH #4755 (01-23-18)